



Filing Form Cover Letter

Please return the approval certificate to:

Name (Individual or Business Name):

To the Attention of (if necessary):

Address:

City:

State

ZIP Code:

Phone Number:

E-mail Address:

- Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.
- Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.



Credit Card Authorization Form

Form Must Be Printed Or Typed

Cardholder Name

Address

Street

City

State

ZIP Code

Credit Card Information

Credit Card Type

Card Number

Expiration Month (MM)

Expiration Year (YYYY)

CVV/Security Code

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216

Expedite Filing (Two business day processing time.
Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43216

[For screen readers, follow instructions located at this path.](#)

Trade Name or Fictitious Name Registration Update

Filing Fee: \$25

Form Must Be Typed

- (1) Assignment of Registered Name (116-RNA)
- (2) Change of Nature of Business (999-GEN)
- (3) Change of Address for Registrant (176-RNB)
- (4) Cancellation of Registration (184-RNX)
- (5) Change of Partners of Registrant, if Registrant is a General Partnership (999-GEN)

Trade Name or Fictitious Name	<input style="width: 100%;" type="text"/>
Registration Number	<input style="width: 60%;" type="text"/>
Name of Current Registrant	<input style="width: 100%;" type="text"/>

Complete the information in this section if box (1) is checked above

New Registrant's Name	<input style="width: 100%;" type="text"/>		
New Registrant's Charter/Registration/License Number in Ohio <i>(if applicable)</i>	<input style="width: 100%;" type="text"/>		
New Registrant's Address			
Mailing Address	<input style="width: 100%;" type="text"/>		
City	<input style="width: 25%;" type="text"/>	State	<input style="width: 25%;" type="text"/>
ZIP Code	<input style="width: 50%;" type="text"/>		

If new registrant is a General Partnership NOT registered in Ohio pursuant to ORC 1776, please provide the name and address of at least one general partner.

Name	Address
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Note: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio.

Complete the information in this section if box (2) is checked

The general nature of business conducted by the registrant:

Complete the information in this section if box (3) is checked

Registrant's New Address

Mailing Address

City

State

ZIP Code

No additional information required if box (4) is checked above. Please sign form below.

Complete the information in this section if box (5) is checked

New General Partner(s) names(s) and addresses

Name

Address

Note: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Application must be signed by the registrant or an authorized representative.

Signature

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Instructions for Name Registration

This form should be used if you wish to (1) assign a name registration to a new registrant; (2) change the nature of business of an existing name registration; (3) provide a new address for the current registrant; (4) cancel the registration; or (5) provide a new or updated general partners name(s).

Please select the box that indicates what action you wish to take with respect to your trade name or fictitious name, provide the exact trade name or fictitious name, registration number assigned by our office, and provide the name of the current registrant on file with our office. You may select more than one box if necessary.

Follow these additional instructions if box (1) is checked.

Ohio Revised Code Section 1329.06 permits a trade name or fictitious name to be assigned. In other words, the current registrant of a trade name or fictitious name may assign the trade name or fictitious name to another person or entity. If you assign your trade name or fictitious name, the assignment may be recorded with the secretary of state using this form.

Please provide the name and address of the new registrant if box (1) is checked. If the new registrant is a general partnership, and the partnership has **not** filed a Statement of Partnership Authority pursuant to Ohio Revised Code chapter 1776, then please provide the name and address of **at least one** general partner. If the general partner is a foreign corporation or foreign limited liability company, then the foreign business entity must be licensed/registered to do business in Ohio.

Follow these additional instructions if box (2) is checked.

If the nature of the business conducted under the trade name or fictitious name has changed, please provide a new description. For example, if you indicated on the original name registration application that the nature of the business is the "sale of children's clothing" and later expand to include the "sale of children's toys and books," you can use this form to provide an updated description of the nature of the business.

Note: Ohio law does not require that this information be updated with the secretary of state. The option is provided in the event you wish to update the information on record with our office.

Follow these additional instructions if box (3) is checked.

Ohio Revised Code Section 1329.07 requires the registrant of a trade name or fictitious name to report a change of address to the secretary of state.

Please provide a new business address for the registrant.

Follow these additional instructions if box (4) is checked.

No additional information is required if box (4) is checked. Please remember to sign the form.

Follow these additional instructions if box (5) is checked.

If the registrant of a trade name or fictitious name is a general partnership and its partners (as reported on the original name registration application) change, please provide the name and address of **at least one** general partner.

Signature

The form must be signed by the current registrant of the trade name or fictitious name, or an authorized representative of the current registrant.